

Episode: ***Author Interview: “Tactical Emergency Casualty Care and the Art of Practicing Nonmaleficence in Harm’s Way”***

Guest: Jeremy Ackerman, MD, PhD, FACEP

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Jeremy Ackerman, an emergency physician and tactical physician who is a sworn peace officer and law enforcement instructor certified by the Georgia Peace Officer Standards and Training Council. He’s here to discuss his article, [Tactical Emergency Casualty Care and the Art of Practicing Nonmaleficence in Harm’s Way](#), in the February 2022 issue of *The Journal, Tactical Health and Law Enforcement*. Dr Ackerman, thank you so much for being on the podcast. [music fades out]

DR JEREMY ACKERMAN: Thanks so much for having me here.

HOFF: To begin with, what is the main ethics point that you’re making in your article?

ACKERMAN: I think the main point that I’m trying to make is that typically when we think about, as physicians, the potential for causing harm, we look at it very much as that: as causing harm. And tactical medicine is an environment where unfortunately, in order to provide care, we may have to cause harm and quite graphically. This means potentially shooting someone. And at the same time, the reality of modern medicine is that we are always balancing the risks of harm and benefits, and tactical medicine is a little bit of an extreme example of that balance that’s really at the heart of the ethics of the practice of medicine.

HOFF: Hmm. Yeah, it seems like that balance might be something that’s particularly important for health professions students and trainees to take away from your article. Is there anything else that comes to mind?

ACKERMAN: I think that it’s really important to think about this question of balancing the risks of benefits and harm. Throughout medicine, we do things that cause harm that we don’t always consider. And it sometimes takes looking at an example, like some of my own work in working with the tactical team where the obviousness of the harm is kind of in your face, and then step back to just sort of routine care where the risks are a little bit more subtle, and they’re not as obvious. So, I think for the student out there, my example may be a good context to think a little bit more broadly about the harms that we potentially cause in everyday practice.

HOFF: Mmhmm.

ACKERMAN: I think that many of us have a little bit of a blind spot where we don’t think as much as we probably should in everyday practice about the harms that we cause, ranging

from the risks of radiation exposure from that CT scan that may not be absolutely necessary to even the small but very real risks of side effects of over-the-counter medications. Everything we do has some impact, a potential harm that we can cause. And I don't think that we, as frequently as we might, explicitly think about that.

In the tactical world, it becomes very obvious as we are gearing up for an operation, for a mission. You go through the steps. You gather your gear. I literally have to place a weapon in a holster and attach it and make sure that it is ready to function at the same time as I'm checking through my medical gear. And so, it puts that potential for causing benefits and helping people and even saving lives and providing care in a really sharp contrast that I think I've also taken back to my medical practice just in the emergency department where I'm probably a little bit more sensitive to some of the risks of what we do.

HOFF: Hmm. Yeah, that's very interesting. Thank you. And finally, to wrap up here, if you could add a point to your article that you didn't get to fully explore, what would that be?

ACKERMAN: I think the decision to participate in something like tactical medicine really has to be a very personal one. The original version of this was actually a substantially longer story, and there were multiple pieces that sort of got in my evolution into working in this space. And I think that kind of personal introspection of what is it that I mean to do in the practice of medicine, how do I envision myself helping other human beings, society as a whole, really came into sharp contrast. This is a field that clearly is not for everybody in medicine, and I think it's probably healthy to have a discussion within medicine about doing tactical work like I do. Going out with a team and potentially operating as a law enforcement officer, as a tactical officer rather than primarily being there as a clinician is something that is probably worth having a healthy debate about. And I think at the end of the day, each of us has to make our own personal decisions about how we see that balance, the risks and benefits our own role's playing out. [theme music returns]

HOFF: Dr Ackerman, thank you so much for your contribution to the Journal and for being on the podcast this month.

ACKERMAN: Thank you very much for having me.

HOFF: To read the full article, as well as the rest of the February 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.